



Building Permit Application

Howard County, Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcounty.md.gov

Date Received: _____

Permit No.: B19004167

Building Address: 507 Eastern Chimes Dr.
 City: Daylor State: MD Zip Code: 20136
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: Eastern Chimes
 Lot: 15 Tax Map: 28 Parcel: _____

Existing Use: SFD
 Proposed Use: 500 sq ft addition to existing structure
 Estimated Construction Cost: \$ 100,000
 Description of Work: Finish basement area with 500 sq ft addition. Includes 1571

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Suzanne Abund
 Address: 507 Eastern Chimes Dr.
 City: Daylor State: MD Zip Code: 20136
 Phone: 410 437-9675 Fax: _____
 Email: suzanne.abund@joh.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Benjamin House Builders Inc
 Contact Person: _____
 Address: 3014 Eastern Chimes Dr.
 City: Daylor State: MD Zip Code: 20136
 License No.: 46399
 Phone: 410 288 6332 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Sewage Disposal	
	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Heating System	
	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
	<input type="checkbox"/> Other:
Sprinkler System:	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____ Print Name: Suzanne Abund
 Email Address: _____ Date: 12/9/19
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/8/2020</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>10023</u>

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 1-3-20
To: Robert Bricker, HEALTH DEPT
From: Bryan Hanson / Bryan Hanson Builders (443-324-5332)
Subject: Project name Ahmed
Project site address 5043 Gaithers Chance Drive
Permit # B19004167 SDP #
Other information pertinent to this project

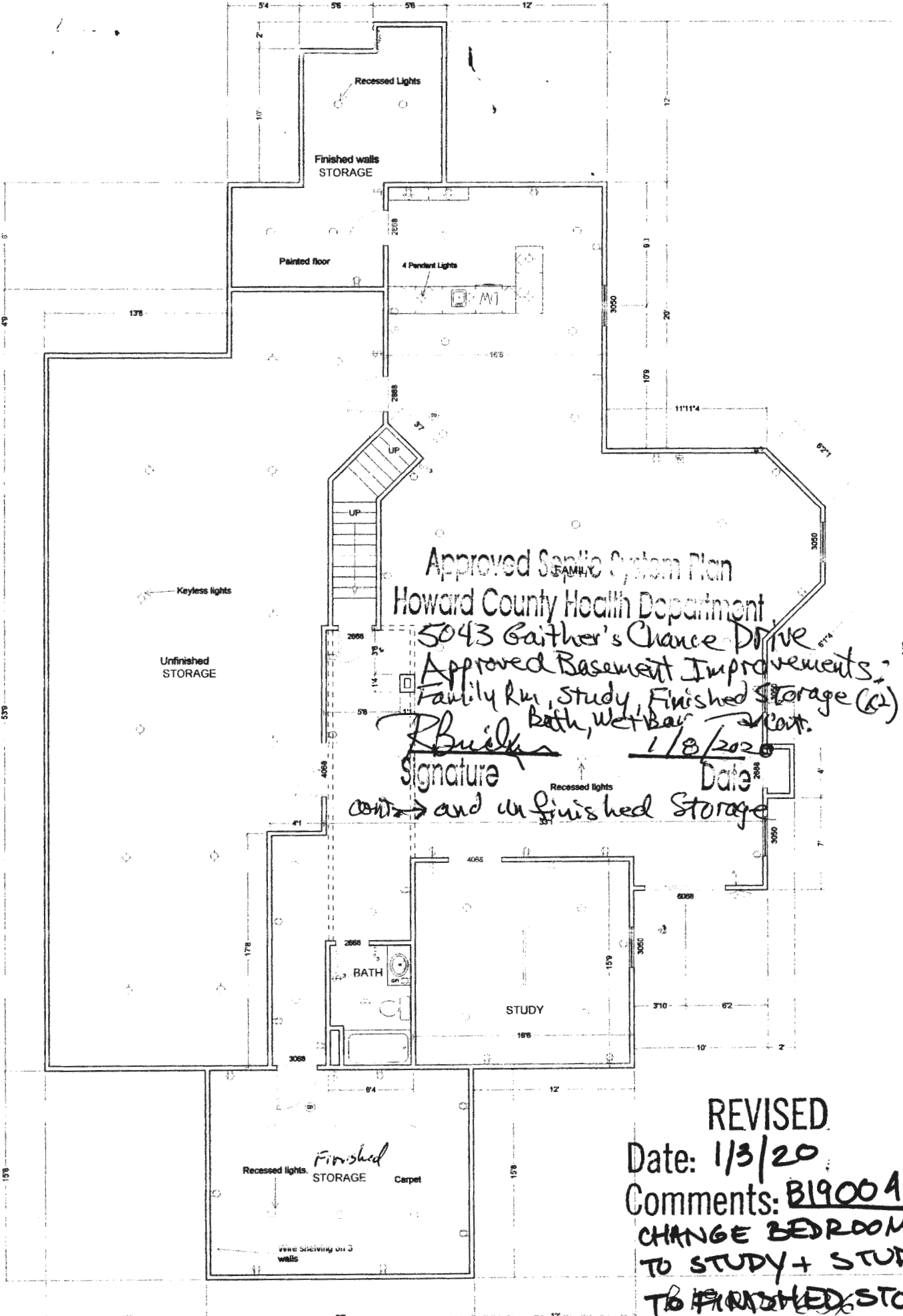
- Checklist for attachments: Letter of response, Revised plans (checked), Letter Summarizing Changes, Energy conservation calculations, Copies of Revised Floor Plan (4), Health Department Request (checked), DPZ/DED Request, Applicant's Request, Two sets of single family dwelling model plans, Other.

Contact Person Information: (Required)

Contact Name: Bryan L Hanson
Telephone No: 443-324-5332
E-Mail Address: bryan.hanson877@gmail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH PER HEALTH DEPT



Approved Septic System Plan
 Howard County Health Department
 5043 Gaither's Chance Drive
 Approved Basement Improvements:
 Family Rm, Study, Finished Storage (2)
 Bath, Wet Bar, etc.

R. Buick
 Signature

1/8/2020
 Date

cont. and unfinished Storage

REVISED
 Date: 1/3/20
 Comments: B19004167
 CHANGE BEDROOM
 TO STUDY + STUDY
 TO FINISHED STORAGE